

## APPLICATION FOR WASTEWATER TREATMENT PLANT Operator Examination and/or Certification

**I. This is an application for:** (Check appropriate box)

**A. Examination**

<input type="checkbox"/>	Grade I	Fee \$80.00
<input type="checkbox"/>	Grade II	Fee \$100.00
<input type="checkbox"/>	Grade III	Fee \$195.00
<input type="checkbox"/>	Grade IV	Fee \$250.00
<input type="checkbox"/>	Grade V	Fee \$250.00

**B. Certification**

<input type="checkbox"/>	Grade I	Fee \$95.00
<input type="checkbox"/>	Grade II	Fee \$130.00
<input type="checkbox"/>	Grade III	Fee \$170.00
<input type="checkbox"/>	Grade IV	Fee \$190.00
<input type="checkbox"/>	Grade V	Fee \$190.00

**C. Reciprocity** (Grades I or II only. Also include the certification fee, Section B.)

<input type="checkbox"/>	Reciprocal Fee \$50.00
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**D. Operator-in-Training**

<input type="checkbox"/>	Also check appropriate Grade above
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**II. OPERATOR INFORMATION:**

- A. Name – Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
- B. Mailing Address – Street \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Phone: - Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_
- D. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- E. Valid California Wastewater Treatment Plant Certification: Grade: \_\_\_\_\_ Number: \_\_\_\_\_
- F. Valid Professional Engineers Registration: Branch: \_\_\_\_\_ Number: \_\_\_\_\_

**III. EDUCATION AND TRAINING:**

- A. Circle the highest grade attended: 1 2 3 4 5 6 7 8 9 10 11 12
- B. High School graduate: YES NO (Circle One) Date of Graduation: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Location: \_\_\_\_\_
- C. College graduate: YES NO (Circle One) Degree: \_\_\_\_\_ Date Earned: \_\_\_\_\_  
 Major: \_\_\_\_\_ Name and Location of College: \_\_\_\_\_
- D. **\*\*IMPORTANT\*\*** Attach verification of your educational qualifications if not previously submitted. Copies of college transcripts or Certificates of Completion for courses related to wastewater are required for verification. *When applying for Grade II or above be sure to include a copy of your high school diploma if not previously submitted.*

**OFFICE USE ONLY:**

Total educational points: _____	Approved for grade: _____
Examination date: _____	Certification issue date: _____
Years of qualifying experience: _____	Certificate expiration date: _____
Chief Plant Operator's cert. exp. date: _____	
Signature of reviewer: _____ Date: _____	

**EXPERIENCE, Sections IV through VI:** Please include a copy of your duty statement. Operator-in-Training (OIT) applicants complete section IV and list the specific duties you will be performing. Grades I and above complete section V and VI and attach additional pages as needed.

**IV. OIT WASTEWATER TREATMENT PLANT DUTIES –**

- A. Date started: \_\_\_\_\_ Avg. number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job Duties: \_\_\_\_\_  
\_\_\_\_\_
- D. Name of Wastewater Treatment Plant: \_\_\_\_\_
- E. Street address of plant: \_\_\_\_\_  
Mailing address of plant: \_\_\_\_\_
- F. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_
- G. Supervisor's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**V. WASTEWATER TREATMENT PLANT EXPERIENCE –**

- A. Date started: \_\_\_\_\_ Date left: \_\_\_\_\_ Avg. number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job Duties: \_\_\_\_\_  
\_\_\_\_\_
- D. Name of Wastewater Treatment Plant: \_\_\_\_\_
- E. Street address of plant: \_\_\_\_\_  
Mailing address of plant: \_\_\_\_\_
- F. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_
- G. Supervisor's name: \_\_\_\_\_ Grade \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**VI. ADDITIONAL WASTEWATER TREATMENT PLANT EXPERIENCE – (If needed)**

- A. Date started: \_\_\_\_\_ Date left: \_\_\_\_\_ Avg. number of hrs/wk in operations: \_\_\_\_\_
- B. Job classification/position title: \_\_\_\_\_
- C. Job Duties: \_\_\_\_\_  
\_\_\_\_\_
- D. Name of Wastewater Treatment Plant: \_\_\_\_\_
- E. Street address of plant: \_\_\_\_\_  
Mailing address of plant: \_\_\_\_\_
- F. Design flow: \_\_\_\_\_ MGD Treatment processes: \_\_\_\_\_
- G. Supervisor's name: \_\_\_\_\_ Grade \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**VII. SIGNATURE OF CHIEF PLANT OPERATOR**

I hereby certify, under grounds for discipline, that the information contained in the present employment section above made by the applicant to be true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Number: \_\_\_\_\_

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. SIGNATURE OF APPLICANT**

I, the undersigned, certify that all statements made, and information contained in this application, are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may result in grounds for discipline. I also consent to a thorough investigation of my employment record and other qualifications in related activities for the purpose of verification of my qualifications for which I have applied.

Print Name: \_\_\_\_\_ Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_